



PATIENT

Lucy Blankenship

SPECIES

Canine

BREED

Miniature Poodle

SEX

Spayed female

AGE

7 years

WEIGHT

13 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Jessy Butcher

HOSPITAL NAME

Lake Shore Pet
Hospital

REFERRING VET

Dr. Butcher

INVOICE

70069

DATE

1/13/26

PRESENTING CLINICAL SIGNS

History: Presented for dental due to severe periodontal disease and loose premolar causing discomfort. Bloodwork performed prior to dental was concerning and dental was not performed. Premolar had fallen out on its own prior to dental and discomfort was improved. Only report from owner at home is that every few months pet has black tarry stool but that is. It a current issue with the pet. Pet was adopted and the age is an estimate.

Abnormal PE/Chem/CBC/UA Results: Exam overall unremarkable other than splotchy slope is along dorsum and severe calculation and gingivitis. CBC showed severe pancytopenia (only mild anemia, but severe decreases in WBCs and platelets). Chem is normal other than BUN of 41.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended, and the urinary bladder wall appears thin and smooth. The urine is anechoic. The bladder neck and proximal urethra appear normal. No uroliths are identified, and there is no sonographic evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 4.44×2.07 cm, with a cortical thickness of 0.40 cm in the sagittal plane. The renal cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. No evidence of pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler demonstrates a normal perfusion pattern.

The right kidney is normal in shape and size, measuring 3.97×1.80 cm, with a cortical thickness of 0.36 cm in the sagittal plane. The renal cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. No evidence of pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler demonstrates a normal perfusion pattern.

Adrenal Glands

Both adrenal glands demonstrate normal shape and echogenicity. The left adrenal gland measures approximately 0.38 cm at the cranial pole and 0.42 cm at the caudal pole. The right adrenal gland measures approximately 0.47 cm at the cranial pole and 0.48 cm at the caudal pole.

Spleen

Splenic thickness measures approximately 1.21 cm. The splenic parenchyma demonstrates normal echogenicity and a fine, homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular. Splenic vasculature appears normal.



PATIENT

Lucy Blankenship

SPECIES

Canine

BREED

Miniature Poodle

SEX

Spayed female

AGE

7 years

WEIGHT

13 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Jessy Butcher

HOSPITAL NAME

Lake Shore Pet
Hospital

REFERRING VET

Dr. Butcher

INVOICE

70069

DATE

1/13/26

Liver

The liver is subjectively normal in size, with sharp margins and a regular contour. The hepatic parenchyma is homogeneous and isoechoic relative to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The gallbladder wall is thin, and the contents are predominantly anechoic, with a small amount of biliary sludge. No dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and folded. A focal region of the gastric body demonstrates increased mural thickness measuring approximately 4.70–6.18 mm, with preserved wall layering. No discrete gastric ulcer is identified; however, ulceration cannot be definitively excluded based on ultrasonographic findings. The pyloric wall measures approximately 4.87 mm.

Duodenal wall thickness measures approximately 2.95–2.97 mm. Jejunal wall thickness measures approximately 2.18 mm, and ileal wall thickness measures approximately 1.80–2.05 mm. Wall layering is preserved throughout the small intestine. Overall, the intestinal loops contain a moderate amount of intraluminal gas.

The transverse colonic wall measures approximately 1.63 mm and appears gas-filled. The descending colon wall measures approximately 0.87 mm, with semi-formed fecal material present.

Pancreas

The right limb, body, and left limb of the pancreas appear normal. The pancreatic parenchyma is isoechoic relative to the adjacent omental fat. No sonographic evidence of active inflammation or neoplastic disease is identified.

Peritoneal Cavity

No abdominal effusion or sonographic signs of peritonitis are observed. Cranial mesenteric lymph nodes are not visualized; the surrounding regions appear unremarkable. The iliac trifurcation appears normal.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Focal thickening of the gastric body wall (up to approximately 6.18 mm) with preserved layering.

SECONDARY FINDINGS

- Moderate intraluminal gas within the gastrointestinal tract.



PATIENT

Lucy Blankenship

SPECIES

Canine

BREED

Miniature Poodle

SEX

Spayed female

AGE

7 years

WEIGHT

13 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Jessy Butcher

HOSPITAL NAME

Lake Shore Pet
Hospital

REFERRING VET

Dr. Butcher

INVOICE

70069

DATE

1/13/26

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominal ultrasonography reveals a focal area of gastric wall thickening with preserved layering, most consistent with focal gastritis. A discrete gastric ulcer is not identified; however, ulceration cannot be excluded based on ultrasonography alone.

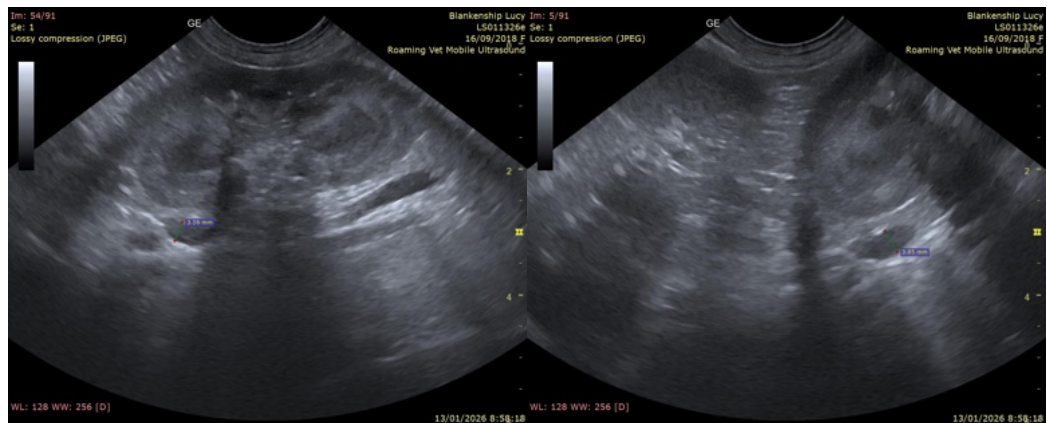
No sonographic evidence of gastrointestinal obstruction, infiltrative intestinal disease, abdominal mass, splenomegaly, or abdominal lymphadenopathy is identified.

The ultrasonographic findings do not explain the severe pancytopenia noted on bloodwork. No imaging evidence of hypersplenism, bone marrow infiltration, or abdominal neoplasia is identified.

Overall, the abdominal ultrasound examination is largely unremarkable aside from mild focal gastric changes, and a primary bone marrow disorder, systemic disease, or infectious etiology should be strongly considered as the underlying cause of the hematologic abnormalities.

Recommendations

- Further hematologic investigation is strongly recommended, including repeat CBC, blood smear review, and consideration of bone marrow aspiration and/or biopsy.
- Testing for infectious diseases (tick-borne diseases, hemotropic pathogens) should be prioritized given the pancytopenia.
- Medical management for suspected gastritis (gastroprotectants, acid suppression) may be considered.
- Monitoring for recurrence of melena is advised, given the history of intermittent black tarry stools.
- Follow-up abdominal ultrasonography may be considered if gastrointestinal signs worsen or new clinical abnormalities develop.





PATIENT

Lucy Blankenship

SPECIES

Canine

BREED

Miniature Poodle

SEX

Spayed female

AGE

7 years

WEIGHT

13 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Jessy Butcher

HOSPITAL NAME

Lake Shore Pet Hospital

REFERRING VET

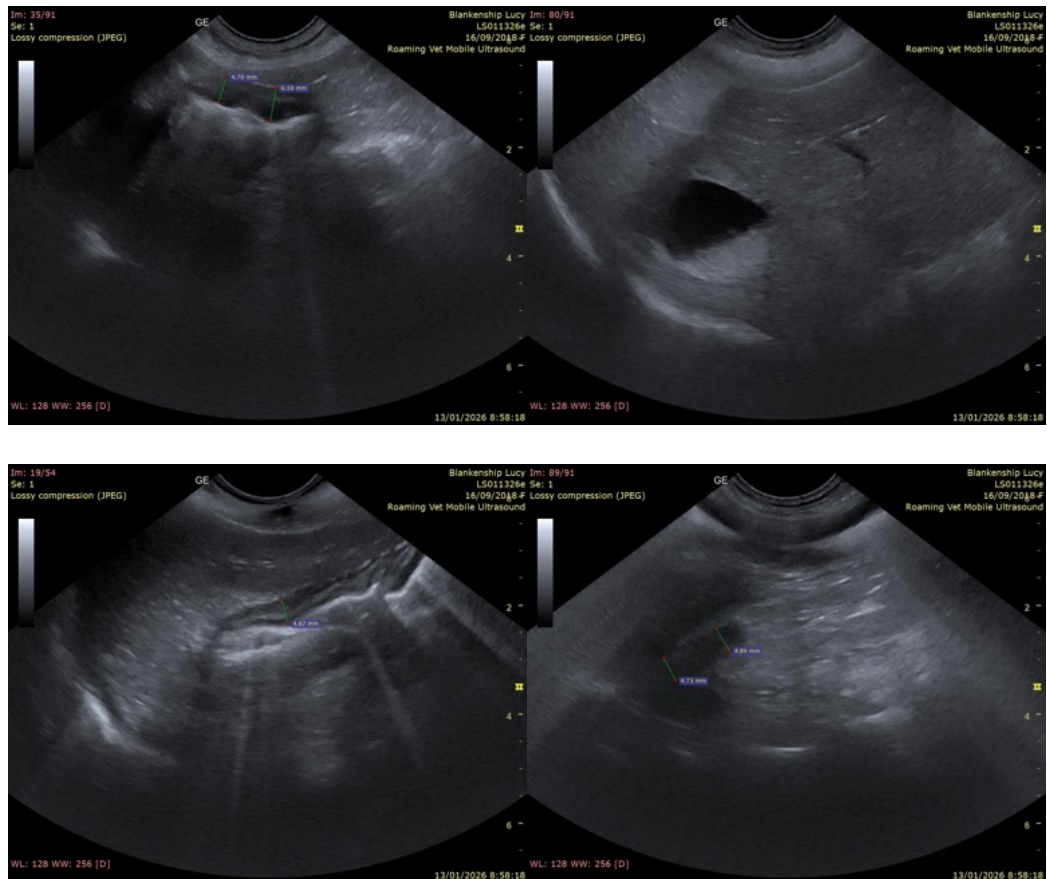
Dr. Butcher

INVOICE

70069

DATE

1/13/26



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

MV Esp Ultrasound in Domestic and Wild Animals

info@SonoPath.com